PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| appropriate. All further indicated unless corrected animeter and internance fee notificated to the control of t | correspondence includired below or directed others. | ng the Patent, advance or nerwise in Block 1, by (a | | | | | correspondence address as rate "FEE ADDRESS" for |
|--|---|--|---|---|----------------------------------|--|--|
| CURRENT CORRESPONDE | | ock 1 for any change of address) | CONTROL Fee | (s) Transmittal. Tl | his certific | cate cannot be used for | r domestic mailings of the or any other accompanying nt or formal drawing, must |
| MICHAEL F K KIRTON & McC 1800 EAGLE G | CONKIE ATE TOWER | /2006 PARTE | AUG 1 8 2006 I he Sta | reby certify that t | his Fee(s) | of Mailing or Transn) Transmittal is being icient postage for firs SSUE FEE address) 273-2885, on the da | nission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. |
| 60 EAST SOUT | | `` | TADRANE | 1ichael F | Krie | ger | (Depositor's name) |
| SALT LAKE CI | 11,0164111 | | | 7//// 7// | 1 | | (Signature) |
| • | | | | | 1 | rsq. 16 200 | (Date) |
| APPLICATION NO. | FILING DATE | 1 | FIRST NAMED INVENTOR | | ATTOR | DOCKET NO. | CONFIRMATION NO. |
| 10/757,744 FITLE OF INVENTION | 01/15/2004 POCKET CLOSURE I | DEVICE | Michael James Pratt | 08/21/2006 R | NEBRAH1 | 9279.79 00000030 107577 4 | 4294 14 |
| | | | | 01 FC:2501 02 FC:1504 03 FC:8001 | 1 | 30 | 00.00 OP 00.00 OP 5.00 OP |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE , | PUBLICATION FEE DUE | PREV. PAID ISSU | UE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$700 | \$300 | \$0 | | \$1000 | 10/13/2006 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | _ | | | |
| WEAVER | R, SUE A | 3727 | 206-315500 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney, or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Kirton & 2 McConkie 3 Michael F. Krieger | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON T | THE PATENT (print or ty | pe) | | | |
| PLEASE NOTE: Unl | ess an assignee is ident h in 37 CFR 3.11. Comp | ified below, no assignee obletion of this form is NO | data will appear on the p | atent. If an assig assignment. | mee is ide | entified below, the do | ocument has been filed for |
| (A) NAME OF ASSIG | GNEE | | (B) RESIDENCE: (CIT | Y and STATE OR | COUNTI | RY) | |
| | o Internation | | Bluffdale, 'U' | | Corporatio | on or other private gro | . up entity Government |
| 1a. The following fee(s) | | | . Payment of Fee(s): (Ple | | | | |
| Issue Fee | are submitted. | 40 | A check is enclosed. | ase mist reapply a | any previ | ously paid issue ice s | nown above) |
| <u> </u> | lo small entity discount p | permitted) | Payment by credit card. Form PTO-2038 is attached. | | | | |
| Advance Order - # of Copies | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500843 (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Stat | tus (from status indicate | d above) | · · · · · · · · · · · · · · · · · · · | | | · | - |
| * * | s SMALL ENTITY state | | b. Applicant is no lor | | | | |
| NOTE: The Issue Fee and nterest as shown by the r | d Publication Fee (ff requestrongs of the United Sta | uired) will not be accepted tes Patent and Trademark | I from anyone other than Office. | the applicant; a reg | gistered at | ttorney or agent; or th | e assignee or other party in |
| Authorized Signature | MUA | | | Date | y. U | e, 2006 | |
| Typed or printed name | Michael F. | Krieger | | Registration | ⟨ ⟨)3 | 5,232 | |
| This collection of information application. Confident submitting the completed | ation is required by 37 C tiality is governed by 35 I application form to the | FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary | n is required to obtain or 1.14. This collection is es depending upon the indi- | retain a benefit by timated to take 12 vidual case. Any c | the publi minutes comments | c which is to file (and to complete, including on the amount of tin | by the USPTO to process) g gathering, preparing, and ne you require to complete |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re application of: | |) |
|-----------------------|----------------------------|------------|
| | MICHAEL JAMES PRATT ET AL. |) |
| Serial No: | 10/757,744 |) Art Unit |
| Filed: | JANUARY 15, 2004 |) 3727 |
| For: | POCKET CLOSURE DEVICE |) |
| Examiner: | Sue A. Weaver |) |

TRANSMITTAL AND PAYMENT OF ISSUE FEE

Box: ISSUE FEE

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The enclosed Notice of Allowance and Issue Fee Due are submitted herewith pursuant to 37

C.F.R. §1.67 and M.P.E.P. 603.01 for filing in the matter of the United States patent application as hereinabove identified. Enclosed is Credit Card Payment Form for \$1,015.00 for the issue fees and publication fees which are due in this matter, including the cost for copies of the patent when it issues.

Please credit any overpayment or charge any additional fees to Deposit Account No. 500843 of the undersigned. Duplicate copies of this sheet are enclosed.

Please address all future correspondence in connection with the above-identified patent application to the attention of the undersigned.

Dated this day of August, 2006.

Respectfully submitted,

Michael V. Krieger Attorney for Applicant Registration No. 35,232

KIRTON & McCONKIE 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, Utah 84111 Telephone: (801) 321-4814

AUG 1:8 2006 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re application of:

| In re application of: | |) |
|-----------------------|----------------------------|----------------------|
| | MICHAEL JAMES PRATT ET AL. |) |
| Serial No: | 10/757,744 |) Art Unit) 3727 |
| Filed: | JANUARY 15, 2004 |) 3/2/ |
| For: | POCKET CLOSURE DEVICE |) |
| Examiner: | Sue A. Weaver |) |

CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner of Patents P.O. Box 1450, Alexandria, VA 22313-1450, on August , 2006.

Respectfully submitted,

Michael W Krieger
Attorney for Applicant
Registration No. 35,232

KIRTON & McCONKIE 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, Utah 84111 Telephone: (801) 321-4814

Transmitted: Transmittal Letter, PTO Form PTOL-85B transmitting

payment of Issue Fee, Credit Card Payment Form in amount of

\$1,015.00 and Postcard

MFK:tkd

Docket No: 9279.79

Enclosures

@PFDesktop\::ODMA/PCDOCS/DOCS/914302/1